

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # J28949 (2)  
1. Corporation Name  
ELS, INC.

Principal Place of Business

6215 NW 57TH WAY  
GAINESVILLE FL 32653  
US

Mailing Address

5200 NW 43RD STREET  
102-323  
GAINESVILLE FL 32606-7428  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1986

4. FEI Number

59-2711903

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MARTIN, MITCHELL  
5200 NW 43RD STREET  
SUITE 102-323  
GAINESVILLE, 32606

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP  
STREET ADDRESS MARTIN, MITCHELL  
CITY-ST-ZIP 6215 NW 57TH WAY  
GAINESVILLE FL

TITLE ☐ DELETE

NAME ST  
STREET ADDRESS MARTIN, MARSHA  
CITY-ST-ZIP 6215 NW 57TH WAY  
GAINESVILLE FL

TITLE ☐ DELETE

NAME WOLKING, WILLIAM  
STREET ADDRESS 5153 SW 88TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME KOORLAND, MARK  
STREET ADDRESS 241 INTREPID CT  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME FREEMAN, HOWARD  
STREET ADDRESS 2810 NW 31ST TERR.  
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ DELETE

NAME COOK, JASON  
STREET ADDRESS 612 NW 101ST ST  
CITY-ST-ZIP GAINESVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Chin, Rick  
1.3 STREET ADDRESS P.O. Box 4100  
1.4 CITY-ST-ZIP Gainesville, FL 32613-4100 N/A

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME Christian, Lawrence  
2.3 STREET ADDRESS 5716 NW 62nd Court  
2.4 CITY-ST-ZIP Gainesville, FL 32653

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME Cook, Jason  
6.3 STREET ADDRESS 2801 NW 23rd Blvd. #K76  
6.4 CITY-ST-ZIP Gainesville, FL 32605

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE M.H. U.B. Mortham: M.H. U.B. Mortham: 2/11/99 (251) 375-0558

CR2E034 (10/97)